

DIABETIC EYE REGISTRY

Instruction: This data collection form is to be completed for all patients with Diabetes Mellitus who are referred for Diabetic Retinopathy assessment at the Ophthalmology Clinic.

I) Hospital/Clinic _____ II) Date of Notification (dd/mm/yy) _____

SECTION 1: PATIENTS DEMOGRAPHY AND MEDICAL HISTORY

1. Patient Name:													
2. Identification Card Number :		MyKad/MyKid								Old IC			
		Other ID document No				Specific type (eg passport of armed forces ID)							
3a. Date of Birth:		d	d	m	m	y	y	3b. Age at notification:		Years		Months	
4. Gender :		<input type="radio"/> Male <input type="radio"/> Female		5. Ethnic Group		<input type="radio"/> Malay <input type="radio"/> Chinese		<input type="radio"/> Indian <input type="radio"/> Orang Asli		<input type="radio"/> Melanau <input type="radio"/> Kadazan.Murut /Bajau		<input type="radio"/> Iban <input type="radio"/> Bidayuh	
5. Source of Referral:		<input type="radio"/> Government OPD/KK/KD <input type="radio"/> Government Hospital—MO/Specialist		<input type="radio"/> GP <input type="radio"/> Private Hospital—MO/Specialist		<input type="radio"/> Optometrist/Optician		<input type="radio"/> Ophthalmologist <input type="radio"/> Others					
6. Ocular Co-morbidity:		<input type="checkbox"/> None <input type="checkbox"/> Cataract		<input type="checkbox"/> Glaucoma <input type="checkbox"/> Others		7. Pregnancy		<input type="radio"/> Yes If Yes —> trimester		<input type="radio"/> No <input type="radio"/> 1st <input type="radio"/> 2nd <input type="radio"/> 3rd			

SECTION 2: OCULAR FINDINGS DURING REFERRAL

1. Reason for referral:	<input type="radio"/> Screening	<input type="radio"/> Fundus Abnormality
-------------------------	---------------------------------	--

2. Fundus Findings:

Right Eye	No View <input type="radio"/>	Left Eye	No View <input type="radio"/>
	Diabetic Retinopathy <input type="radio"/> Yes <input type="radio"/> No		Diabetic Retinopathy <input type="radio"/> Yes <input type="radio"/> No
	If Yes —> <input type="radio"/> Mild NPDR <input type="radio"/> Moderate NPDR <input type="radio"/> Advanced Diabetic Eye Disease		If Yes —> <input type="radio"/> Mild NPDR <input type="radio"/> Moderate NPDR <input type="radio"/> Advanced Diabetic Eye Disease
	<input type="radio"/> Severe NPDR <input type="radio"/> PDR		<input type="radio"/> Severe NPDR <input type="radio"/> PDR
	<input type="checkbox"/> Persistent Vitreous Haemorrhage <input type="checkbox"/> Tractional Retinal Detachment		<input type="checkbox"/> Persistent Vitreous Haemorrhage <input type="checkbox"/> Tractional Retinal Detachment
Maculopathy: <input type="radio"/> Yes <input type="radio"/> No		Maculopathy: <input type="radio"/> Yes <input type="radio"/> No	

SECTION 3: OCULAR FINDINGS AT PRESENTATION TO OPHTHALMOLOGY CLINIC

1. Visual Acuity:	Right Eye:	Unaided		Left Eye:	Unaided	
		With glasses/Pinhole			With glasses/Pinhole	

2. Fundus Findings:

Right Eye	No View <input type="radio"/>	Left Eye	No View <input type="radio"/>
	Diabetic Retinopathy <input type="radio"/> Yes <input type="radio"/> No		Diabetic Retinopathy <input type="radio"/> Yes <input type="radio"/> No
	If Yes —> <input type="radio"/> Mild NPDR <input type="radio"/> Moderate NPDR <input type="radio"/> Advanced Diabetic Eye Disease		If Yes —> <input type="radio"/> Mild NPDR <input type="radio"/> Moderate NPDR <input type="radio"/> Advanced Diabetic Eye Disease
	<input type="radio"/> Severe NPDR <input type="radio"/> PDR		<input type="radio"/> Severe NPDR <input type="radio"/> PDR
	<input type="checkbox"/> Persistent Vitreous Haemorrhage <input type="checkbox"/> Tractional Retinal Detachment		<input type="checkbox"/> Persistent Vitreous Haemorrhage <input type="checkbox"/> Tractional Retinal Detachment
Maculopathy: <input type="radio"/> Yes <input type="radio"/> No		Maculopathy: <input type="radio"/> Yes <input type="radio"/> No	